



US/SN 09/767,191
National Science Council

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

April 18, 2005

In re Application of:
National Science Council

Atty Doc. No. JA-GAR-NSC-US 3

Serial No. 09/ 767, 191

Art Unit: 2661

Filing Date: 01/22/2001

Examiner : WAHBA A W.

Title: Index method for mapping multiple segments of coded field

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF
ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

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United States Patent and Trademark Office
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Enclosed, please find a revocation of the previous power of attorney with the new power of attorney and change of correspondence address.

It is submitted that should there be any problem with this filing, please telephone or fax the undersigned attorney at (301) 483 6791 respectively. Please address all correspondence to Johnson & Associates, P. C at 14625 Baltimore Avenue # 282, Laurel MD 20707.

Respectfully submitted,

Chauncey Johnson, Esq

Registration No. 46003

Enclosures:

Revocation/Power of Attorney Form



PTO/SB/82 (09-04)

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Application Number	09/767,191
Filing Date	01/22/2001
First Named Inventor	Meng-Hsi Chiu
Art Unit	2661
Examiner Name	WAHBA A W.
Attorney Docket Number	JA-GAR-NSC-US3

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	JOHNSON & ASSOCIATES, PC				
Address	14625 BALTIMORE AVE # 282				
City	LAUREL	State	MARYLAND	Zip	20707
Country	USA				
Telephone	301-483-3300	Fax	301-483-6791		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Meng-Hsi Chiu		
Name	Meng-Hsi Chiu		
Date	04/04/05	Telephone	301-483-3300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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